Study of the U.S. Institutes for Scholars 2022 Application Form

Select the Theme of the SUSI Institute:

- 1. Highlight your desired theme. Choose ONE only.
 - American Culture and Values
 - o Journalism and Media
 - o Religious Pluralism in the United States
 - o U.S. Economics and Business
 - o U.S. Foreign Policy
 - Workforce Development

SECTION A:	Candidate	Information
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Family /Last Name (NOTE: AS IT APPEA	First Name ARS IN YOUR PASSPORT.)		Middle Name		Title (Dr./Mr./Mrs./Prof.)
	4.	5.		6.	
Sex	Date of Birth (MM/DD/YYYY)		City of Birth as on birth certificate		Country of Birth
		8.			
Country of Residence	ce		Country(ies) of Citize	-	
		10.		11.	
Street Address			City		State/province
	1	14.			
	3.				
Postal code	Country		Phone number	r(s) – inc	lude the country and area code
Email Address	tact Info:				
Emergency Con Example: PETRO	V, Ivan; Husband; 8-916-10	00-00-00; <u>i</u>			F-mail
Emergency Con		00-00-00; <u>i</u>	<u>petrov @mail.ru</u> Contact Cell Phone		E-mail
Emergency Con Example: PETRO Name (LAST, First) Please indicate None	Relationship if you have a disability		Contact Cell Phone		E-mail
Emergency Con Example: PETRO Name (LAST, First) Please indicate None Blind or v	Relationship if you have a disability visual impairments		Contact Cell Phone		E-mail
Emergency Con Example: PETRO Name (LAST, First) Please indicate None Blind or v	Relationship if you have a disability visual impairments nearing impairments		Contact Cell Phone		E-mail
Emergency Con Example: PETRO Name (LAST, First) Please indicate None Blind or v Deaf or h Learning	Relationship if you have a disability visual impairments nearing impairments disability		Contact Cell Phone		E-mail
Emergency Con Example: PETRO Name (LAST, First) Please indicate None Blind or v Deaf or h Learning Physical	Relationship if you have a disability visual impairments nearing impairments disability disability		Contact Cell Phone		E-mail
Emergency Con Example: PETRO Name (LAST, First) Please indicate None Blind or v Deaf or h Learning Physical Psychiat	Relationship if you have a disability visual impairments disability disability disability ric disability		Contact Cell Phone		E-mail
Emergency Con Example: PETRO Name (LAST, First) Please indicate None Blind or v Deaf or h Learning Physical Psychiat	Relationship if you have a disability visual impairments nearing impairments disability disability		Contact Cell Phone		E-mail

18.	Please describe any pre-existing medical conditions, including any prescription medication required, dietary restrictions, or personal considerations. *			
19.	U.S. Travel: Please list any previous travel to the United conferences, educational study, or previous Purpose			
			Yes No	
			Yes No	
			Yes No	
20.	Family Residing in the United States: Please currently residing in the United States, includ Name		embers who are City, State	
SEC	TION B: Candidate Background			
21.	Education: Please list all earned degrees beg Degree Year Awarded	ginning with the most recent.: Specialization	Institution	
22.	Active academic/professional training or world	kshops:		
23.	Current employment:			
	Current Role/Job Title	City		
	Institution/organization Name	Country		

4.	Work history: Please limit work experience to the FIVE most recent job positions, starting with the most recent. Please specify if the position was part-time.				
	Institution/Employer	Position	Dates of Employment (mm/yyyy to mm/yyyy)		
	Professional Responsibilities: Discuss professional responsibilities in greater de	etail, including research interest	ss, administrative responsibilities		
	(example: curriculum design), and/or other pertin	ent information not included in t	the section above.		
	Current Courses Taught:				
	Current Courses Taught: Please list the courses you are currently teaching	. If you are not teaching any co	ourses, write NOT APPLICABLE.		
	Please list the courses you are currently teaching	. If you are not teaching any co	ourses, write NOT APPLICABLE.		
	Please list the courses you are currently teaching Course title:	. If you are not teaching any co	ourses, write NOT APPLICABLE.		
	Please list the courses you are currently teaching Course title: Level of Students:	. If you are not teaching any co	ourses, write NOT APPLICABLE.		
	Course title: Level of Students: Classroom hours per	. If you are not teaching any co	ourses, write NOT APPLICABLE.		
	Course title: Level of Students: Classroom hours per semester:	. If you are not teaching any co	ourses, write NOT APPLICABLE.		
	Course title: Level of Students: Classroom hours per	. If you are not teaching any co	ourses, write NOT APPLICABLE.		
	Course title: Level of Students: Classroom hours per semester: Number of Students: US studies Content (%):	. If you are not teaching any co	ourses, write NOT APPLICABLE.		
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27.	Current Student Advising: Advising is not the same as teaching. Advising is providing assi career goals and evaluating progress towards those goals. This graduate students. If you are not advising, write NOT APPLICAL	section also applies if yo	
	Number of Students Advised Studying U.S. Related	Topics	
	Level of Students (Secondary School Students /	1 0 0 100	
	Undergraduate Students / Graduate Students)		
	Hours of Advising Per Student Per Year		
28.	Publications Related to the Institute Theme: Publications should include the publication day, month, year, tyl should be translated into English. To identify the publication typ book; 2) book chapter; 2) edited volume (as primary or co-edito working paper for conference/university/government. Please on Publication	e, please choose from ar ;); 4) journal article; 5) ne	mong the following options: 1) ewspaper/online article; 6)
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		_	
29.	Active Memberships in Professional Associations Please limit to three most relevant. Provide the position and org (Example: President, Washington Educational Professionals As		
	Position Ord	anization	
	, coluen	amzadon	
	<u> </u>		
30.	Other Leadership Positions Beyond Professional Du Please provide the activity, position/title, year started duties.		nd the description of

31.	Reading: Writing:	ative, fluent, intermediate, novice
	(Please write a paragrapl	h stating how long and where you have studied English and your writing and understanding English):
32.		Program: urriculum Redesign: ect: ion: stry Policy: rganization: kages:

33. **Personal Essay** – *limit 500 words*

Please submit a personal statement about your background and goals. In up to 500 words, address the following questions and any other pertinent information:

- Why are you interested in participating in the Institute?
- What do you hope to gain from the Institute?
- What will you contribute to the Institute?
- How will you leverage the experience to achieve "other potential outcomes" checked in the above section? You can use the explanations you listed above in your essay.
- How will you amplify the impact of the program beyond your research and knowledge?